



LEE'S SUMMIT MISSOURI

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

RECEIPT OF PAYMENT

Receipt Number:	2017025447
Receipt Date:	05/01/2017
Date Paid:	05/01/2017
Payment Method:	Check,
Check Number:	10397,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	THE CHIROPRACTIC & NATURAL MEDICINE CENTER, Address:1324 NE WINDSOR DR, Phone:(816) 525-8118

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141341	\$50.00